

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-570030

FILED DATE

10/11/01

APPLICANT

INVENTOR

10/11/01

2/9/02

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	16	5	11	6	16	6
TOTAL	16	5	11	6	16	6
TOTAL	16	5	11	6	16	6

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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